Unde	er the Paperwork F PATEN	NT APPLICA	NOITA	ersons are require FEE DETER e for Form PTO	a collection of	infom	nation unles	ce; U.S. DEPARTMENT OF COMMERCE ss it displays a valid OMB control number. Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OTHER THAN SMALL ENTITY		
	FOR	NUMBER	NUMBER FILED		NUMBER EXTRA			FEE		RATE	FEE
3ASIC FEE 37 CFR 1.16(a))								s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =						OR	x s=	
NDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =			x s:	.		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5	_		OR	+s =		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	十		OR	TOTAL	
If th					-	TOTAL	L		OK .	TOTAL [
	CLA					OTHER	THAN				
		Column 1)		(Column 2)	(Column 2) (Column 3)		SMALL ENTITY		OR	SMALL	
A T	1-24-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIQNAL FEE	<u>.</u>	RATE	ADDI- TIONAL - FEE
AMENDMENT	Total (37 CFR 1.16(c))	20	Minus	$^{\circ}QO$		x s	=		OR	x s=	
킮	Independent (37 CFR 1.16(b))	4	Minus	4	-	x s	=		OR	x \$=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1-16(d))					+ s	_		OR-	+5	
						TOTAL ADD'L FE	E		OR	TOTAL ADD'L FEE	•
		(Column 1)		(Column 2)	(Column 3)		_	-,			
മ		CLAIMS -REMAINING		HIGHESTNUMBER	PRESENT	RATE		ADDI-		RATE	ADDI-
- 1		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL			TIONAL FEE
ME	Total (37 CFR 1.16(c))	·	Minus	**	=	x s	=		OR	x s =	
Q.	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s	_		OR	x s =	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s	_		OR	+ 5 =	
	- TROTTILESSAMON OF INSERT						Ε		OR	TOTAL ADD'L FEE	
-	anne der de deletertententen ut bereit	(Column 1)		(Column 2)	(Column 3)						
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	•	Minus	••	=	x s			OR	X S	
ENC	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s	=		OR_	x s =	
AM		+ s	_ ::		OR-		1				

The "Highest Number Previously Paid For" (Total or Independent) is the nigness number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.